L-1041

CITY OF LANSING INCOME TAX RETURN FOR ESTATES AND TRUSTS

Tax year	MI-LNS-1041-1
	111 1110 1011 1

For fiscal year or other taxable perion	od beginning M M / D D / Y	Y Y Y and endir	ng M M / D D	/ Y Y	/ Y
A1. Tax ID number of estate or trust	B1. Name of estate or trust			C. Check app	licable boxes:
				C1. Init	ial return
A2. Date entity created	B2. Name and title of fiduciary			C2. Fin	al return
M M / D D Y Y Y	Υ				
A3. Check all that apply:	B3. Address (Number and street)		B4. Room/suite no.	C4. Ch	ange in fiduciary's address
A3a. Decedent's estate				C5. Ch	ange in trust's name
A3b. Simple trust	B5. Address line 2 (P.O. Box address for	mailing use only)	-	C6. Am	nended return
A3c. Complex trust				C7. Am	nended due to federal audit
A3d. Bankruptcy estate	B6. City, town or post office	B7. State	B8. Zip code	C8. If yes, e	enter IRS determination date
				M M /	D D Y Y Y Y
INCOME ATTACH COPY	OF PAGE 1 OF FEDERAL FORM 1041	Column A	Colum		Column C
	RS UP TO NEAREST DOLLAR	Federal Return Da	ata Exclusions/A	Adjustments	Taxable Income
Business income or (loss) (Atta Schedule C (Form 1040))	ch copy of federal 1				
2. Capital gain or (loss) (Attach co Schedule D (Form 1041))	opy of federal 2				
3. Rents, royalties, partnerships, of etc. (Attach copy of federal Sch					
4. Farm Income or (loss) (Attach of (Form 1040))	copy of federal Schedule F				
5. Ordinary gain or (loss) (Attach					
6. Other income (Attach copy of fe					
7. Total income (Add lines 1 throu	igh 6 of each column) 7				
DEDUCTIONS			'		
8. Renaissance Zone deduction (A	Attach Schedule RZ)			8	
	's share of distributible income included i e of Renaissance Zone Deduction includ		tal		
	<u>'</u>			9 10	000.00
10. Exemption (Enter exemption ar	, ,			_	600.00
11. Taxable income (Add line 7 les	,			11	0.50/
12. a. Tax rate for tax year (The no	, ,,,	- lin - 40-)		12a	0.5%
	or tax year (Multiply line 11 by tax rate or	n line 12a)		12b	
PAYMENTS 13. Lansing tax withheld				13	
	ward and aytanaian naymanta			14	
14. Estimated payments, credit for15. Total payments and credits (Ac	<u> </u>			15	
TAX DUE	id lifles 13 and 14)			10	
If line 15 is smaller than line 12 16. payable to: LANSING CITY TR	b, enter tax due (Subtract line 15 from line EASURER, and pay tax due with return of (X) line 21b and completing lines 21c, 21	or pay with a direct w	•	16	
OVERPAYMENT					
<u>*</u>	, enter overpayment (Subtract line 12b fr	· · · · · · · · · · · · · · · · · · ·		17	
18. Donation of Police Provided Provide	oblem Solving Hope Scholarsh	<u> </u>	ss Assistance Total	40-1	.00
19. Credit forward to next tax year	(Enter portion of overpayment, line 17, to	be credited forward))	19	.00
	19 from line 17) (For direct deposit refund plete line 21 c, d & e, otherwise a paper			nd >>> 20	.00
Direct deposit refund or direct withdrawal payment 21. (Mark appropriate box 21a or 21b and complete lines 21c, 21d and 21e)	21a Refund (direct deposit) 21c Routin number 21b Pay tax due (direct withdrawal) 21d Account number 21e Account 2	ınt er	. Checking 2	21e2. Savings	
Mail return to: Lansing Income	e Tax Division 124 W Michigan A			9-	Revised: 12/21/2015

Form L-1041	Name of estate or trust		Т	ax ID nu	ax ID number 15MI-LN		MI-LN	NS-1041-2	
page 2									
Schedule G									
RESIDENT BENEFIC					ESS SHAI	RE OF RE	:NAISSA	NCE ZONE	
DEDUCTION Co	mplete for Lans	ing Resident Be	eneficiaries (Only			_		
COLUMN	1.0	COLUMN B	COLUMN	С	COL	UMN D	С	OLUMN E	
RESIDENT BENE		SOCIAL SECURITY	DISTRIBUTA			OF RZ DED.		DUCTION	
NAME AND AD		NUMBER	INCOME INCLUI			O IN PAGE 1,		BUTABLE INC.	
			PAGE 1, LIN	E /	LI	NE 8	LESS R	Z DEDUCTION)	
1.									
2.									
3.									
4.									
5.									
o.									
6.									
0.									
_									
7.									
8.									
9.									
10.									
11. Total deductible resident	heneficiaries share of n	et income (Add lines 1	through 10: enter	here an	nd on nage 1 1	ine 9 If			
more than 10 resident be	neficiaries, attach senai	rate schedule)	anough to, enter	nore al	ia on page 1, 1	1110 J. II			
	,	-,							
DISCLOSURE OF	PETIIDN INC								
			a Tay Office?		12a Vas sample	40 400 and 40h		12b. No	
 Do you want to allow the prepa Designee's name 	rei or another person to discu	ss this return with the incom	e rax Office?		12a. Yes, comple 13b. Designee's p			12D. NO	
Toa. Designee's name					Tob. Designee's p	mone number			
CIONATURE									
SIGNATURE									
Under the penalty of perjury, I									
correct and complete. If prepa		n taxpayer, the preparer's							
14a. Date signed 14b. Signatu	4a. Date signed 14b. Signature of fiduciary 14c. Printed name of fiduciary signing return					14d. Phone nu	mper		
		T. = -					()	-	
15a. Signature of preparer		15c. Firm name					15g. Date prep	ared	
		15d. Address 1 (include suite #)							
15b. Printed name of preparer		15e. Address 2					15h. Preparer's	phone number	
		15f. City, state & zip code					()	-	
Return is due April 30, 20	16 or the last day of		fter the close of	tax ye	ear.	16. NACTP soft	ware number	LNS15	

Form L-1041	Name of estate or trust	Т	Tax Year	
Schedule 1 EXCLUSIONS AND ADJ	USTMENTS TO BUSINESS INCOM		GE 1, LINE 1, COLUMN	Revised 12/21/2015
	pute excludible business income repo			
Lansing				
	COLUMN A BUSINESS INCOME		COLUMN B BUSINESS # 1	COLUMN C BUSINESS # 2
Net profit (or loss) from but	usiness or profession		.00	.00
19	ntage (For each separate business compute iness Allocation Formula below and enter it h		%	%
3. Allocated net profit (loss)	(For each column, multiply line 1 by line 2)		.00	.00
4. Excludible net profit (loss)	(Line 1 less line 3 for each column)		.00	.00
5. Total excludible net profit column B)	(loss) (Add amounts on line 4 of each colum	n; enter here and on Form L-104	41, page 1, line 1,	.00
6a. BUSINESS # 1 NAME:				
BUSINESS ALLOCATION FO	RMIII A WORKSHEET	COLUMN A	COLUMN B	COLUMN C
DOGINEGO ALLOGATION I O	EVERYWHERE IN LANSING		PERCENTAGE	
6b. Average net book value o	b. Average net book value of real and tangible personal property .00		.00	(Column 2 divided
6c. Gross rents paid on real p	roperty multiplied by 8	.00		by column 1)
6d. Total property		.00	.00	%
6e. Total wages, salaries and	other compensation of all employees	.00	.00	%
6f. Gross receipts from sales	made or services rendered	.00	.00	%
6g. Total percentages (Add the	ne percentages computed in Column C)		6g.	%
· ·	ntage (Divide line 6 by the number of apporti	ionment factors used)	6h.	%
7a. BUSINESS # 2 NAME:				
BUSINESS ALLOCATION FO	RMULA WORKSHEET	COLUMN A	COLUMN B	COLUMN C
		EVERYWHERE	IN LANSING	PERCENTAGE
	f real and tangible personal property	.00	.00	(Column 2 divided
7c. Gross rents paid on real p	property multiplied by 8	.00	.00	by column 1)
7d. Total property		.00	.00	%
7e. Total wages, salaries and	other compensation of all employees	.00	.00	%
7f. Gross receipts from sales	made or services rendered	.00	.00	%
7g. Total percentages (Add the	ne percentages computed in Column C)		7g.	%
7h. Business allocation perce	ntage (Divide line 6 by the number of apporti	ionment factors used)	7h.	%
Attach a copy of each federal	Schedule C.			
Attach a separate Business Al	location Formula calculation for each separa	ate federal Schedule C if allocation	ng income of a business.	
Note: In determining the aver-	age percentage, if a factor does not exist, yo	ou must divide the total of the pe	rcentages by the number of	factors used.
Note: If you are authorized to	use a special formula, attach a copy of the a	administrator's approval letter an	d a schedule detailing calcu	lation.
Note: Net operating loss from	prior year is reported on Line 6, Other incom	ne.		

_	chedule 2 KCLUSIONS AND ADJUSTMENTS TO CAPITAL GAIN OR (LOSS) - L-1041, PAGE 1, LINE 2, COLU	MN B	Revised: 12/21/2015
Us	se this schedule to report exclusions and adjustments to an estate's or trust's capital gains or (losses)		EXCLUSIONS AND ADJUSTMENTS
1.	Capital gain or (loss) on property located outside of Lansing and securities issued by U.S. Government	1	.00.
2.	Portion of capital gain or (loss) from property located in Lansing and allocated to period of time prior to 01/01/1968 (Attach a schedule that identifies and shows the calculation for each such exclusion.)	2	.00
3.	Capital gain or (loss) from Sub. S corporations not included in lines 1 or 2	3	.00
4.	Adjustment for difference between federal and Lansing capital loss carryover from prior year (The Lansing capital loss carryover is usually different from the capital loss carryover reported on federal return; an adjustment must be made for this difference.)	4	.00
5.	Adjustment to limit Lansing capital loss to \$3,000 for tax year	5	.00.
6.	Total exclusions and adjustments to capital gains or (losses) (Enter total here and on Form L-1041, page 1, line 2, column B)	6	.00
	ach copy of federal Schedule D (Form 1041) and all supporting schedules to return. Iferred gains from sales of property located in Lansing or property sold while a resident of Lansing are taxable when reported	I on fed	eral return.

Form L-1041	Name of estate or trust	Tax ID number	Tax Ye	ar
Schedule 3			Revis	sed 12/21/201
EXCLUSIONS AND AI	DJUSTMENTS TO INCOME FROM RENTAL	REAL ESTATE, ROYALTIES, PARTI	NERSHIPS,	
S CORPORATIONS, C	OTHER ESTATES AND TRUSTS - CF-1041, I	PAGE 1, LINE 3, COLUMN B		
Use this schedule to re	port exclusions and adjustments to income fro	om rental real estate,	EXCLUSIO	NS AND
royalties, partnerships,	S corporations, other estates and trusts, etc.		ADJUSTM	MENTS
1. Rental income (loss) fro	om real estate located outside of Lansing		1	.00
2. Royalties earned outsid	de of Lansing		2	.00
3. Partnership income or ((loss) from partnership business activity outside of Lans	sing	3	.00
4. S corporation income o	r (loss) as reported on Federal Schedule E (Form 1040)	4	.00
5. Other estate and trust in	ncome or (loss)		5	.00
	come from rental real estate, royalties, partnerships, Sines 1 through 5 and also enter on page 1, line 3, colum		6	.00
Attach a schedule detailing	the complete address of each piece of rental real estat	e.	•	
Attach a schedule detailing	name and ID number of each partnership and amount	of adjustment.		
Attach a schedule detailing	name and ID number of each estate or trust and amou	nt of adjustment.		
Attach copy of federal Sche	edule E (Form 1040).	,		
Schedule 4	DJUSTMENTS TO FARM INCOME OR LOSS		Revis	ed: 12/21/201

Schedule 4 EXCLUSIONS AND ADJUSTMENTS TO FARM INCOME	OR LC)SS - L-1041. PAGE 1. L	INE 4. COLUMN B	Revised: 12/21/2015
Use this schedule to compute excludible farm income repo				vity outside of Lansing
FARM INCOME				FARM INCOME
Net profit or (loss) from farming			1	.00.
2. Farm allocation percentage (Compute using the Farm Allocation F	ormula b	elow and enter here)	2	%
3. Allocated farm net profit or (loss) (Multiply line 1 by line 2)			3	.00
4. Excludible farm net profit or (loss) (Enter total of line 1 less line 3,	.00			
			"	
5a. FARM ADDRESS #1:				
FARM ALLOCATION FORMULA WORKSHEET		COLUMN A EVERYWHERE	COLUMN B IN LANSING	COLUMN C PERCENTAGE
5b. Average net book value of real and tangible personal property	5b.	.00	.00	(Column 2 divided
5c. Gross rents paid on real property multiplied by 8	5c.	.00	.00	by column 1)
5d. Total property	5d.	.00	.00	%
5e. Total wages, salaries and other compensation of all employees	5e.	.00	.00	%
5f. Gross receipts from sales made or services rendered	5f.	.00	.00	%
5g. Total percentages (Add the percentages computed in column C) 5g.				%
5h. Farm allocation percentage (Divide line 6 by the number of apport	ionment	factors used)	5h.	%

Attach a copy of each Federal Schedule F.

Attach a separate Farm Allocation Formula calculation for each separate federal Schedule F if allocating income of a farm.

Note: In determining the average percentage, if a factor does not exist, you must divide the total of the percentages by the number of factors used.

Note: If you are authorized to use a special formula, attach a copy of the administrator's approval letter and attach a schedule detailing calculation.

Note: Net operating loss from prior year is reported on Line 6, Other income.

Schedule 5 EXCLUSIONS AND ADJUSTMENTS TO ORDINARY GAIN OR (LOSS) - L-1041, PAGE 1, LINE 5, COLU	JMN	Revised: 12/21/2015
Use this schedule to report exclusions and adjustments to ordinary gain or (loss)		EXCLUSIONS AND ADJUSTMENTS
Ordinary gain or (loss) on property located outside of Lansing	1	.00
Portion of ordinary gain or (loss) from property located in Lansing allocated to period of time prior to 07/01/1967 (Attach a schedule that identifies and shows the calculation for each)	2	.00
3. Capital gain or (loss) from Sub. S corporations not included in lines 1 or 2	3	.00
4. Total excludible ordinary gain or (loss) (Enter total of lines 1, 2 and 3 here and also on page 1, line 5, column B)	4	.00
Deferred gains from sales of property located in Lansing or while a resident of Lansing are taxable when reported on federal retundant copy of federal Form 4797 and all supporting scheduled to return.	ırn.	

Form L-1041	Name of estate or trust		Tax ID	number	Tax Year
Schedule 6 EXCLUSIONS AND AD	USTMENTS TO OTHER INC	COME - L-1041. PAG	SE 1. LINE 5. COLU	JMN B	Revised: 12/21/2015
	ort exclusions and adjustmen				
COLUMN A	COLUMN B		COLUMN C		COLUMN D
SOURCE OF INCO	DME FEDERAL TAX ID	N	IATURE OF INCOME		EXCLUSION OR ADJUSTMNET
1.					.00
2.					.00
3.					.00
4.					.00.
5.					.00.
6.					.00
7. Total exclusions and adju	stments to other income (Add lines	1 through 6 and enter to	tals here and on		.00
Attach an explanation of and	calculation for any reported federal	and Lansing Net Operati	na Loss deduction.		
•	h item reported and excluded on th				
Schedule RZ					Revised: 12/21/2015
	DEDUCTION SCHEDULE - F		•		
	JSTS, WITH INCOME FROM RENT BUSINESS IN A RENAISSANCE		,		
DISQUALIFICATION CRIT	TERIA				
AN ESTATE OR TRUST IS	NOT QUALIFIED TO CLAIM THE REM	NAISSANCE ZONE DEDUC	TION IF ANY OF THE FO	LLOWING TAXES ARE	DELINQUENT:
City Income Tax	Personal Property Tax	Commercial Fa	acilities Tax (CFT)	City (Detroit) Ut	ilities Users Tax
Michigan Income Tax	Michigan Single Business Ta	ax Enterprise Zon	e Tax	Technology Par	k Development Tax
General Property Tax	Industrial Facilities Tax (IFT)	Neighborhood	Enterprise Zone Tax	Commercial Fo	rest Tax
DEDUCTION ALLOWANG	E FACTOR				
	ction is phased out during the final to fore the final year of designation; 5 all other years of designation.				
ESTATES AND TRUSTS	WITH INCOME FROM RENTAL	_ REAL ESTATE, BUS	SINESS, PROFESSION	ON OR PARTNERSH	IIP
	USINESS IN A RENAISSANCE	-			
	ON FOR ESTATES AND TRUST			STATE, BUSINESS,	ı
PROFESSION OR PARTN	IERSHIP WITH BUSINESS AC	TIVITY IN A RENAISS	ANCE ZONE.		
1a. RZ Business Name (D.I	3.A.):				
1b. RZ Number:					
1c. RZ Address:					
2a. Business and farming in	ncome reported on Form L-1041, pa	age 1, lines 1 and 4		2a	.00
2b. Estate's or Trust's Lans	ing net operating loss from previou	ıs year		2b	.00
2c. Base business and farn	n income for Renaissance Zone De	duction (Line 2a less line	2b)	2c	.00
3. Renaissance Zone App	ortionment Percentage	COLUMN 1 IN LANSING	COLUMN 2 IN A LANSING RZ	COLUMN 3 PERCENTAGE	COLUMN 4
3a. Average net book	value of real & personal property			(Column 2 divided	
3b. Gross rents paid	on real property multiplied by 8			by column 1)	
3c. Total property (Ad	ld line 3a and 3b)			%	
3d. Total wages, sala	ries and other compensation			%	
Total percentages	(Add column 3, line 3c and 3d)			%	
3f. Renaissance Zon	Renaissance Zone deduction percentage (Line 3e divided by 2c) 3f.				%
4. Renaissance Zone ded	uction for business and farming (Lir	ne 2c multiplied by line 3f).	4.	.00
5. Renaissance Zone dedo on line 5a and RZ dedu	uction from partnership (Enter partr	nership FEIN	a	5b	.00
6a. Address for each parce	of rental real estate located in a R		~	0.0	
6b. Renaissance Zone num	ber of each parcel of rental real es	tate located in a Renaiss	ance Zone 6b.		
7. Income from rental real	estate located within a Renaissand	e Zone		7	.00
8. Renaissance Zone ded	uction base (Add lines 4, 5b and 7)			8	.00
	nce Factor on line 9a (100%, 75%, esult on line 9b and on L-1041, pg.	,, , , , , , , , , , , , , , , , , , ,	99 %	. Oh	00

		T	I
Form L-1041	Name of estate or trust	Tax ID number	Tax Year
Schedule 7 - SUPPORTING	NOTES AND STATEMENTS	<u> </u>	
			Revised 06/29/2015